

Valmar Care Limited

Valmar Care t/a Locharwoods of Birkdale

Inspection report

45 York Road
Southport PR8 2AY
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Locharwoods is registered to provide residential care for up to 19 older people. Eighteen people were living at the home at the time of our inspection. Accommodation is provided in 19 single rooms, all of which have an ensuite bathroom. Communal living areas include a lounge, conservatory and dining room. There is a small car park at the front and an enclosed garden at the rear of the building. The home is situated in a residential area of Southport, close to shops, amenities and local bus and train routes.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were kept safe because there were arrangements in place to protect them from the risk of abuse. People said they were supported in a safe way by staff. Staff understood what abuse was and the action to take should they report concerns or actual abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our inspection no one was subject to a DoLS.

Each of the people who lived at the home had a plan of care. The care plans we looked at contained relevant and detailed information to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes.

A range of risk assessments had been undertaken depending on people's individual needs. Risk assessments for the use of bed rails were in place. However, consent had not been sought from the person themselves or if lacking capacity to make a decision relatives/significant others had not been consulted regarding the use of this equipment. You can see what action we told the provider to take at the back of the full version of this report.

Risk assessments and behavioural management plans were not in place for people who presented with behaviour that challenges and staff did not have guidance to keep themselves and other people who lived in the home safe. You can see what action we told the provider to take at the back of the full version of this report.

People told us they received their medication at a time when they needed it. We observed the administration of medication by suitably trained staff. We saw that staff that ensured people took their medication by waiting with them. Medication was stored safely and securely.

People said they felt listened to and involved in the running of the home. They met with staff approximately twice a year to make decisions usually about meal and activities. We saw minutes from these meetings. The manager also produced a quarterly newsletter for people and their relatives to keep them informed of forthcoming events and changes to the home.

A variety of activities were arranged for people in the home throughout the week. These included board games, chair exercises and bingo. Some people were supported to maintain their hobbies and interests, such as reading, painting, football, card games and knitting. Some people accessed to the local community themselves or with family and friends.

During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people. People told us they were happy at the home, and our observations supported this. People we spoke with gave us positive feedback about the staff team.

A procedure was in place for managing complaints and people living there and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with complaints procedure. A copy of the procedure was displayed in the foyer of the home.

The home was well run by the manager and the building was clean and well maintained. We found audits/ checks were made regularly to monitor the quality of care provided and ensure it was safe.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks. People told us there was always enough staff on duty to support them as they needed.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as health and safety, infection control, first aid, fire safety, food hygiene, medication administration, moving and handling, and safeguarding adults. Senior care staff and managers had completed training in medication administration, dementia care, person centred care and the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Records showed us that they were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs.

Summary of findings

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service and carrying out regular audits on areas of practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People who displayed behaviour that challenges did not have a plan of care or risk assessment in place to protect other people from the risk of harm.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

Requires Improvement



Is the service effective?

The service was not always effectively meeting people's needs.

Some of the people living at the home had bedrails in place. Consent had not been given for this practice from the person or their representative.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People told us they received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements. One person told us, "The food is very good here, I get a choice."

People's physical and mental health needs were monitored and recorded. Staff recognized when additional support was required and people were supported to access a range of health care services.

Requires Improvement



Is the service caring?

The service was caring.

People told us they had choices with regard to daily living activities and they could choose what to do each day. They told us staff treated them with respect.

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure they received the support and care they required.

We saw that staff demonstrated kind and compassionate support. They encouraged and supported people to be independent both in the home and the community.

Good



Summary of findings

Is the service responsive?

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed.

People had their needs assessed and staff understood what people's care needs were.

Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care. People living at Locharwoods told us they were involved in the decisions about their care and support and in choosing what they wanted to do each day.

The home had a complaints policy and processes were in place to record and complaints received to ensure issues were addressed within the timescales given in the policy.

Good



Is the service well-led?

The service was well led.

The registered manager provided an effective lead in the home and was supported by a clear management structure.

We found an open and person-centred culture within the home. This was evidenced throughout all of the interviews we conducted and the observations of care.

Throughout the inspection we observed staff interacting with each other and people who lived in the home in a professional manner.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

We received positive feedback from health and social care professionals who told us the home worked well with them and liaised to support people's on going health and social care.

The service had a comprehensive quality assurance system in place with various checks completed to demonstrate good practice within the home.

Good



Valmar Care t/a Locharwoods of Birkdale

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 November 2014 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the

service, and tells us what the provider considers the service does well and details any improvements they intend to make. We contacted also one of the commissioners of the service to seek their feedback about the service.

During the inspection visit we spoke with nine people who lived at the home and three visiting relatives. We also spoke with three care staff, one of the domestic staff, a cook and members of the management team. Following the visit we contacted a healthcare professional who visited the home and sought their feedback on the service. We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for three people who lived at the home, staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises, viewing communal areas such as the lounge, dining room and bathrooms. We viewed some of the bedrooms. We also looked at the kitchen and laundry facilities, and medication storage area.

Is the service safe?

Our findings

People told us they felt safe at the home and that they felt confident to approach the registered manager if they had any concerns. Their comments included: “The staff are very good, I feel very safe here”, “There are enough staff here; they’re well trained” and “There is always someone available [to help].”

An adult safeguarding policy and procedure was in place. The policy was in line with local authority safeguarding policies and procedures. We saw that local contact numbers for safeguarding were available. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken adult safeguarding training within the companies recommended guidelines of every three years. All of the staff we spoke with were clear about the need to report through any concerns they had. One staff told us, “I wouldn’t hesitate to report anything or anyone to the manager.”

We spoke about a safeguarding incident that had been alleged since the last inspection and how this had been managed. We saw this had been reported through to the local authority safeguarding team and the police. We found that protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This helped ensure people were kept safe.

We found care plans, risk assessments and behavioural management plans had not been completed following a recorded incident of aggression towards staff by a person who lived in the home. Having these records in place would help staff to support the person in a consistent way and to ensure the safety of people who lived in the home and the staff.

By not taking proper steps to ensure people had up to date risk assessments and risk management plans in place was a breach of Regulation 9(1) (b) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found there were sufficient numbers of staff on duty to meet people’s needs. We looked at a few weeks of staff duty rotas. The registered manager used an assessment tool to determine the numbers of staff required to support

people who lived in the home. They reviewed staffing against this assessment tool every three months to ensure sufficient staff were provided and people needs continued to be met. We looked at three weeks of staff duty rotas. We found staff numbers were consistent to meet people’s needs and as the registered manager had told us.

Staff responded quickly to the call bell and people told us they didn’t have to wait long for assistance if they needed it.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at five staff personnel files. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people’s previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people’s criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Medication was managed appropriately and safely. We observed two occasions when the medicines were administered. We found that medicines were safely administered by suitably trained staff. Staff ensured the medicines trolley was locked when unattended. Staff waited with people until they took their medication. Following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring.

We checked the training records for the staff on duty and found they had received training for the safe administration of medication. The registered manager told us they carried out competency checks on staff to ensure they had understood their training. We saw copies of this information. The medication administration records (MAR) we looked at were completed to show that people had received their medication.

We found that medicines, including controlled drugs were stored safely and adequate stocks were maintained to allow continuity of treatment. Regular monthly medicine audits were completed by the registered manager to help

Is the service safe?

ensure that any shortfalls or errors would be promptly identified and addressed. We saw that the last audit had taken place in October 2014. We saw an external audit had been completed by a pharmacy in February 2013. No issues or concerns were raised during this audit. The registered manager informed us the pharmacy no longer undertook audits.

Policies and procedures were in place to control the spread of infection and domestic staff were required to follow

cleaning schedules to ensure people were provided with a safe and clean home environment. The home had recently achieved a 4 star rating for food hygiene practices by the local council. During a tour of the building we viewed the kitchen and found it was clean and well organised. Other areas in the home, including people's bedrooms, dining room and communal areas were clean and tidy.

Is the service effective?

Our findings

People who lived at the home gave us good feedback about the staff team and the care and support they provided. One person told us “They’re well trained and very well organised.” Another person said, “The food is very good here, I get a choice.”

Relatives we spoke with told us they were satisfied with the care their family member received. One person told us “There’s not a high turnover of staff, so there’s always a sense of continuity.”

Staff told us they felt well supported and trained to meet people’s needs and carry out their roles and responsibilities effectively.

The manager had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this. The manager told us most of the staff had been provided with training on the Mental Capacity Act (2005). They advised us that there was nobody living at the home who was subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards (DoLS) is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found evidence in care records that some people had bed rails in place. The manager confirmed these were used to prevent falls from the bed. We saw risk assessments had been completed. However, consent had not been sought from the person themselves or if lacking capacity to make a decision relatives/significant others had not been consulted regarding the use of this equipment. We brought this to the registered manager’s attention at the time of our inspection.

Failing to ensure clear arrangements are in place to obtain valid consent to care, treatment or support is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Training records we looked at showed us that most of the care staff and the manager had completed a national vocational qualification (NVQ). Seventeen staff had NVQ level 2, seven had NVQ level 2 and 3 and the manager had

achieved NVQ at level 2, 3 and 4. We viewed five staff files which contained induction and training information. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as: safeguarding vulnerable adults, health and safety, infection control, moving and handling, fire safety, first aid, food hygiene, equality and diversity, person centred care and dementia care. Eight staff had completed medication training.

We saw that staff had received an appraisal in March 2014 and regular supervision. We found that the registered manager completed an annual ‘DBS update’ with all staff. This was a declaration signed by the staff that they had not been convicted of any criminal offences during that year. This was good practice as it helped ensure that staff were suitable to continue to work with vulnerable adults. Failure to disclose an offence was a disciplinary matter and the staff member could be dismissed for failing to tell their employer.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People’s likes, dislikes and preferences for food and meals were documented in their care plan. A ‘kitchen notification’ was completed by staff when the person came to live in the home. This enabled the cook to have a record of everyone’s preferences. The cook advised that they were aware of people’s dietary needs and they told us how they accommodated these. For example, people who had diabetes were provided with alternative meals or desserts as appropriate. Other people required fortified meals and full fat milk or cream was used to do this. The cook also knew people’s individual likes and dislikes and told us how they accommodated these to ensure people were provided with food and meals which they enjoyed.

We asked the cook how people made their meal choices. They told us they visited everyone in the home each morning to discuss the day’s menu with them. A record was made of their choice. We saw menus were on each table in the dining room to remind people.

People who lived at the home told us the food was good and we saw that people had a choice of meals including the option of a cooked breakfast every day.

Is the service effective?

One of the people who lived at the home told us “The food is very good here, I get a choice.” Another person said, “The food here is excellent. I used to cook for myself so I should know.” We observed people having their lunch on the first day of our inspection. We found the food was well presented and people were given different portion sizes according to their preferences. People who required support with eating and drinking received it in a kind and caring manner. Some people required their food to be blended because they had difficulties swallowing. We found the cook had ensured the meal still looked appetizing by keeping the different food separate on the plate. We heard other comments at lunch time about the food such as, “That was superb” and “Very tasty”.

The cook told us that most of the food was homemade, including soups and puddings. We saw healthy alternatives available such as yoghurts and fresh fruit. People were served hot drinks throughout the day. We observed they had both a hot and cold drink with their lunch.

We saw, from the care records we looked at, local health care professionals, such as the person’s GP, dietician and district nursing team were regularly involved with people. We spoke with a visiting health professional after our inspection. They also told us that staff always carried out their instructions or followed their advice about how to support people. They said they always found the staff knowledgeable about the people who lived in the home and referred for advice or assessment promptly.

We found that all areas of the home were safe, clean and well maintained. The home was fully accessible and aids and adaptations were in place to meet people’s mobility needs, to ensure people were supported safely and to promote their independence. One person showed us their ensuite bathroom been converted into a fully accessible wet room. This was because they could no longer use the existing bathing facilities. We found the kitchen had been refurbished to a high standard since our last inspection.

Is the service caring?

Our findings

People who lived at the home told us staff were caring. Some of the comments included: "I never feel anything is too much trouble", "I really like the staff, they're very nice, very obliging and helpful", "I am definitely treated with respect", "They're quite quick when I need them. They're well trained and very kind" and "The staff ask after the family. We have a chat and a giggle, which is good because laughter is the best medicine, isn't it?"

We observed the care provided by staff in order to understand people's experiences of care and help us make judgements about this aspect of the service. We saw that staff were caring and showed concern for people's welfare. They spoke about the people they supported in a caring way. We observed that staff took their time when supporting people and took the time to have conversations with people.

Throughout the inspection we observed staff supporting people who lived at the home in a dignified and respectful way. We saw staff respond in a timely and attentive way so people did not have to wait if they needed support. We noted there was positive interaction between people and staff. We heard staff taking time to explain things clearly to people in a way they understood.

We spoke with three staff and they were able to describe people's individual needs, wishes and choices and how they were supported.

A relative we spoke with at the time of the inspection was pleased with how the staff cared for their family member and knew their needs. When asked if their relative liked living in the home they told us, "Very much so. It's really good. There's a really homely family feeling here."

Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One person who lived in the home told us, "I like the staff very much. They don't patronise me and are very respectful when they are giving me personal care". All staff called each person by their name when they spoke to them. Another person told us they had opportunities for privacy as they were able to go to their bedrooms during the day.

People who lived in the home were involved in the running of the home. Meetings with the manager were held regularly; we were shown minutes from a meeting in September 2014. The manager also produced quarterly newsletter for people who lived in the home and their family members. The newsletters showed the activities that had taken place and plans for future events and were a good way of informing people what was going on in the home.

One person who lived in the home was supported through the local advocacy service to ensure their views were represented with health and social care professionals.

Is the service responsive?

Our findings

We found that people received the care and support they needed. Before people came to live in the home the registered manager visited them and completed a pre admission assessment. This was to ensure that their care needs could be met at Locharwoods before they were admitted to the home.

We looked at the care plans for five people who lived in the home. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and had been completed for many aspects of people's care and health needs. For example, risk assessments had been completed in areas such as falls, skin and pressure care, bed rails, moving and handling and mental capacity. The provider was therefore able to clearly demonstrate that people were provided with good and effective care and support which met their needs. Staff had completed a one page profile called 'All about me' with people and/or their family members. This gave information about the person's family history, their employment, interests, hobbies and their likes and dislikes.

People who lived in the home told us about their daily routines. They said they were able to get up and go to bed at times that were preferable to them.

We found some good examples of how people who lived at the home had been well supported with their health needs, particularly end of life care and people who needed professional input with their diet. We found that diets had been changed to reduce risk of choking and people were monitored regular for food and fluid intake. We saw daily records were kept and were up to date.

We found the staff responded appropriately and swiftly to changes in people's needs and made appointments or referrals to professionals in health and social care. We saw evidence in the care records of the appointments people had attended with for example, a GP, district nurse, dietician, optician, chiropodist and dentist.

We could see from the care records that staff reviewed each person's care on a regular basis to ensure it was up to date and that support was being provided as needed.

We spoke with a visiting health professional after our inspection. They also told us that staff always carried out their instructions or followed their advice about how to support people. They said they always found the staff knowledgeable about the people who lived in the home and referred for advice or assessment promptly.

People who lived in the home were involved in the running of the home. Meetings with the manager were held regularly; we were shown minutes from a meeting in September 2014. One person told us that suggestions they make are taken on board. They told us, "I made a suggestion about the food; I asked if we could have pineapple with it. You can see from today's meal that we have pineapple with it."

The manager also produced quarterly newsletter for people who lived in the home and their family members. The newsletters showed the activities that had taken place and plans for future events and were a good way of informing people what was going on in the home.

We were told about the different activities that were provided for people who lived in the home. A weekly timetable for the activities was displayed on the notice board in the hall way. Activities included pampering sessions, films, gentle exercises, board games and bingo. People were enabled to do their hobbies, such as painting and knitting. We saw some people who lived in the home spent time in the bedrooms. We spoke with them and they confirmed this was their preference. One person told us "I'm quite happy being on my own. I'm fine that way. I read, do crosswords or watch the television." We saw that some residents went out into the local community with family and friends.

The provider had a complaints procedure which was displayed in the hallway for everyone to see. We saw that action had been taken to investigate complaints and resolve them to people's satisfaction. The registered manager told us there were no complaints currently being investigated. People we spoke with who lived in the home told us there did not have any complaints. One person told us "I've got no complaints but if I did I would just speak up."

Is the service well-led?

Our findings

The service had a registered manager in post. We received positive feedback from everyone we spoke with about the manager. We spoke with people who lived in the home. Their comments included; “The manager is really good, she’s wonderful, she’s smashing”, When my relatives visit me they have a chat with the manager about how I am.”

Family members comments included,” The manager does a good job. They’re always open and honest” and “If there is something wrong I am confident that the manager would sort it out straightaway.”

Staff told us they received positive and on-going support. They said this made them feel valued. A member of staff said to us, “I love working here. If I wasn’t happy then the manager would sort it out.” They told us they felt the home was well run. Another staff member told us, “It’s a great place to work here. The manager and owner are very supportive.”

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to show us a series of quality assurance processes both internally and external to Locharwoods to ensure improvements were made and to protect people’s welfare and safety. An independent audit had been carried out in July 2014; the home had been awarded a 5 star (excellent) rating. An audit completed by a pharmacy was completed in February 2013. They found no issues with the administration of medication procedures at the home. The fire service had carried out an inspection in May 2013 and found the service to be compliant and safe. The home had received a 4 star [good] rating food hygiene

rating in October 2014. The provider told us the kitchen was in the process of a major refurbishment at the time of the food hygiene inspection. We saw the work had since been completed and the kitchen was in full working order.

We saw that the manager completed monthly checks of medication stock and medication administration records and a monthly ‘quality ‘audit, which included checks of bedrooms. Accidents and incidents were audited by the manager each month and the results analysed for any issues or trends.

We observed quality audits had been completed during 2013/2014 related to gas and electrical appliance testing, fire prevention equipment, passenger lift and the heating and water system. This assured us that people who lived in the home were supported and living in a safe environment.

Records were kept to ensure the quality and safety of the premises. We saw that the fire fighting equipment and the fire alarm were tested each week and emergency lights tested each month. We saw service contracts were in place for, stair lifts, clinical waste and legionella.

A process was in place to seek the views of families and people living at the home about their care. We saw there had been a good response to the survey in January 2014. Responses from people who lived in the home were positive. Eighty three per cent of people who lived in the home were very satisfied with the service; they were 100% satisfied with the staff and 100% satisfied with the management of the home. We noted that relatives had rated the service overall good to excellent.

Staff completed an annual questionnaire. The results showed their opinions about their work environment and the support they received. Staff rated this very good to exceptionally good.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services and others were not protected against the risk of abuse associated with people who display negative behaviour because up to date risk assessments and risk management plans were not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Arrangements were not in place for obtaining the consent of people who use services in relation to the care and treatment provided for them when using bedrails.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.